

**DECLARATION AND
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	20898
First Named Inventor	Joanne Waldstreicher, et al
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMBINATION THERAPY USING A DUAL PPAR ALPHA/GAMMA AGONIST AND AN ANGIOTENSIN II TYPE I RECEPTOR ANTAGONIST

(Title of the Invention)

the specification of which

☒ bears the Attorney Docket Number and Title of the Invention noted above

OR

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
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I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/404,963	08/21/2002	20898PV

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☐ Practitioners Associated with the Customer Number
OR
☒ Registered practitioner(s) named below

Name	Registration Number	Name	Registration Number
James L. McGinnis	34,387		
Melvin Winokur	32,763		

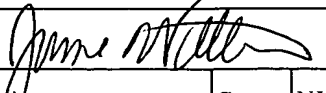
Direct all correspondence to: ☒ Customer Number 000210

Name	James L. McGinnis				
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-0641	Fax	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Joanne Family Name or Surname Waldstreicher

Inventor's Signature				Date	<u>Oct 2, 2004</u>		
Residence: City	<u>Scotch Plains</u>	State	<u>NJ</u>	Country	<u>US</u>	Citizenship	<u>US</u>
Mailing Address							
City	<u>Rahway</u>	State	<u>NJ</u>	ZIP	<u>07065-0907</u>	Country	

☒ Additional inventors are being named on the 3 supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.

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ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Jonathan C.				Fox			
Inventor's Signature		Date					
Residence: City	Narberth	State	PA	Country	US	Citizenship	US
Mailing Address							
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Michele				Mercuri			
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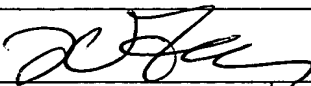
Name	James L. McGinnis				
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Address	P.O. Box 2000, RY60-30				
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Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname		
Joanne			Waldstreicher		
Inventor's Signature				Date	
Residence: City	Scotch Plains	State	NJ	Country	US
Citizenship	US				
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Given Name (first and middle [if any])				Family Name or Surname			
Jonathan C.				Fox			
Inventor's Signature						Date	30 Sep 2004
Residence: City	Narberth	State	PA	Country	US	Citizenship	US
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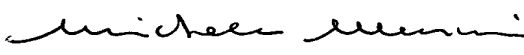
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Joanne			Waldstreicher		
Inventor's Signature				Date	
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Mailing Address							
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Given Name (first and middle [if any])				Family Name or Surname			
Michele				Mercuri			
Inventor's Signature						Date 27 Sept 04	
Residence: City		Scotch Plains		State NJ		Country US	
Mailing Address							
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